

UTAH DEPARTMENT OF HEALTH

TUBERCULIN SKIN TESTING WORKSHEET

(Mantoux, intermediate strength must be used)

Date: _____

Location: _____

						TB test results			
Name	DOB	Race* Status**	Gender	Previous Skin Test Date/Results	BCG (Y/N) Date	Date Placed	Lot #	Date Read	Result in mm
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

*Race - (C) Caucasian, (A) Asian, (H) Hispanic, (NA) Native American, (AA) African American, (O) Other

**Status - (R) Refugee, (M) Migrant, (I) Immigrant, (U) Undocumented, (O) Other